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FORM**

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		Application Number	09/457209
		Filing Date	Dec 8, 1999
		First Named Inventor	Cain, Bradley
		Art Unit	2131
		Examiner Name	Zia
Total Number of Pages in This Submission	Attorney Docket Number 120-025		

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Remarks _____ Please charge any fee deficiencies or credit any overpayment to Deposit Account 502569		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	McGuinness & Manaras LLP		
Signature	/Lindsay McGuinness/		
Printed name	Lindsay McGuinness		
Date	January 4, 2008	Reg. No.	38549

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being electronically filed with the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below

Signature	/Christine M. Morrisette/		
Typed or printed name	Christine M. Morrisette	Date	January 4, 2008

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